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February 28, 1902

ADEN.—In Aden on December 5 last, a case of plague occurred among the Lascar crew of the steamer *Patiala*.

STRAITS SETTLEMENTS.—A Chinaman who had been brought to the quarantine station in Penang on December 6, died of plague on December 8. No further cases had occurred up to December 16.

MAURITIUS.—In the four weeks from November 8 to December 5, 1901, there were registered 83, 67, 61, and 52 plague cases and 56, 39, 37, and 37 deaths, respectively.

CAPE COLONY.—During the week ended December 14 there occurred 1 case of plague in Mosselbay and 1 case in Ladysmith (both colored men). The Cape Peninsula and Port Elizabeth remained free from plague.

Plague and cholera.

BRITISH INDIA.—In Calcutta during the week ended December 14, 36 deaths from cholera were officially recorded, and during the same period there occurred 24 plague cases, with the same number of deaths.

Respectfully,

FRANK H. MASON,
United States Consul-General.

The SURGEON-GENERAL,
U. S. Marine-Hospital Service.

Reports from Berlin—Death rate for the week.

BERLIN, GERMANY, February 6, 1902.

SIR: I have the honor to transmit the following brief report on the sanitary condition of Berlin: The state of health of Berlin, during the week ended January 25, was a very favorable one, the death rate being considerably lower than during the foregoing week, namely, 14.0 (against 15.8) per 1,000, calculated upon the year. Of the 33 other large towns of Germany, only 5, viz, Bremen, Stuttgart, Kiel, Frankfort-on-the-Main, and Schömberg, had an equally low rate of mortality; and comparing the statistics with those of other countries, it will be found that the death rate of London, Paris, and Vienna, for the same period, was considerably higher than Berlin. There was a noticeable decrease in the number of deaths among infants in their first year. Acute diseases of the intestines were somewhat more frequent than in the previous week, causing 50 deaths (against 40); while acute diseases of the respiratory organs again claimed 67 victims. The number of deaths from consumption amounted to 84, being somewhat less than during the foregoing week. Furthermore, there were registered 13 deaths from measles (nearly 3 times the number the previous week), 7 deaths from scarlet fever, and 3 deaths from diphtheria. Finally, there occurred 8 deaths from influenza, the same number as in the foregoing week.

Respectfully,

FRANK H. MASON,
United States Consul-General.

The SURGEON-GENERAL,
U. S. Marine-Hospital Service.

BERLIN, GERMANY, February 12, 1902.

SIR: I have the honor to report that the health of Berlin during the week ended February 1, was very favorable. The mortality rate was still lower than even that of the foregoing week, amounting to only 13.4 per 1,000, calculated on the year. Of the other 33 large German towns, only Charlottenburg and Schömberg had a lower death rate.

The mortality rate in Berlin was considerably lower than that of Munich, London, Paris, and Vienna. Cases of acute disease of the intestines occurred less frequently than during the previous week, and claimed fewer victims (32). The number of cases of acute diseases of the respiratory organs were also less than during the foregoing week, causing, however, 54 deaths. Consumption caused 60 deaths as compared with 84 during the previous week. Furthermore, there occurred 10 deaths from measles, 4 deaths from scarlet fever, and 8 from diphtheria. There were in this week 3 fresh cases of typhoid fever, 4 deaths from influenza (half as many as during the foregoing week), and 14 persons suffered a violent death.

Respectfully,

FRANK H. MASON,
United States Consul-General.

The SURGEON-GENERAL,
U. S. Marine-Hospital Service.

[Translation.]

Extract from the minutes of the proceedings at the conference of the chief physicians of German sanitaria for consumptives, held in the imperial insurance office at Berlin, on October 25, 1901.

BERLIN, GERMANY, January 25, 1902.

Order of the day.

- I. Personnel of the sanitaria (assistant physicians, nurses, etc.).
- II. Employment of patients in the sanitaria.
- III. Common treatment: (a) Of men and women. (b) Of tuberculous and nontuberculous patients. (c) Of insured and other patients in the same sanitaria.
- IV. Other questions of the internal service of the sanitaria raised during the discussion.

The protocol of the proceedings at the conference of the chief physicians of German Sanitaria for Consumptives, held at the imperial insurance office on October 25, 1901, has only just been published.

The first thing that will strike American readers of this report, is the fact that this conference was held at the imperial insurance office, and it may therefore not be inappropriate to give a brief explanation of the connection of the state insurance system with the sanitaria for consumptives in Germany. It was the idea of Prince Bismarck that every working man and woman should be compelled to contribute to a State insurance fund, in order that the aged and sick should not become paupers, dependent upon charity, but should have the *right to demand and receive* assistance from the State. The contributions are made in the form of stamps which must be purchased by the insured persons at the post-office and affixed to cards provided for the purpose. The payment of these premiums entitles the holders of the cards to a pension when they are too old to work, or become incapacitated to earn a living through sickness. When it is remembered that 100,000 persons in Germany succumb to consumption annually, and that the number of patients suffering with this disease in this country at the present time is estimated at 1,000,000, it is not surprising that the imperial insurance office should evince a lively interest in the practice at the sanitaria for consumptives. Moreover, the statistics recently published by the imperial health office at Berlin show that 87.7 per cent of the patients treated for consumption by the open-air system, were discharged as cured or improved, so

that it has been demonstrated that a timely course of proper treatment will, in many cases, preserve the capacity of the patients to earn a living, thus preventing a number of persons from becoming superannuated and claimants for pensions under the compulsory insurance law.

The chair was taken by the president of the imperial insurance office at 10 o'clock.

There were also present: Imperial Government Counsellor Wutzdorff (as representative of the imperial health office); director of the imperial insurance office, Dr. Sarrazin; privy government counsellors, Witowski, Spielhagen, and Bielefeldt, all of the imperial insurance office; Government Counsellor Klehmet, and Dr. Reicke, as secretary to the conference, and 46 chief physicians of sanitaria, as per the original list attached as an appendix to this report.

POINT I. —*Personnel of sanitaria.*

The president, Dr. Gaebel, explained the object of the discussion, and remarked that it was desirable to obtain an exchange of opinions, especially with regard to the relations of the chief physicians to their assistants.

Dr. Pannwitz (the able and indefatigable secretary of the German central committee for the erection of sanitaria for consumptives) raised the question whether, in the opinion of those present, male attendants and servants were sufficient. It was well known, he said, that the chief physicians had often to contend with many difficulties in the employment of female attendants in the sanitaria.

Dr. Kremser stated that in his sanitarium (Sülzhayn), only male attendants were employed, with very good results. The necessary cleanliness in the institution was easier attainable by the employment of male assistants. There were, however, 2 female nurses in the institution, who occupied a sort of supervising position, and his experience with whom had been favorable. The female servants had nothing to do in the institution itself. In this respect a strict separation of the sexes was maintained. He considered this point as very important, and this system had been carried out in his institution for three years with the best results. He could, therefore, recommend this arrangement for sanitaria at which only male patients were treated.

Dr. Ritter said that his experience at his institution at Edmundsthal, near Hamburg, had been quite the opposite. The trained male nurses and attendants had shown no inclination to submit to the surveillance of the female nurses who had been employed with good results in the institution. They had the idea that the female nurses were not their superiors. Under such circumstances one could only employ untrained men of a class often addicted to alcohol. He had, therefore, employed women for service at the table and for cleaning the rooms, and had had good experience during the past three years with them. The women servants were under such strict supervision of the female nurses that anything pertaining to the erotical side was virtually excluded. There was another reason against employing male attendants exclusively. If one desired to keep trained attendants in the institution one must permit them to marry, as unmarried men changed their positions too often. In this way, however, the expenses would be greatly increased. In Hamburg the employment of females in the sanitaria had had good results.

Dr. Wolff called attention to the question in what manner the assist-

ants could be simultaneously employed to help in the institution and for training.

Regarding the selection of assistants one must follow the principle that only in exceptional cases a sick person should act as assistant.

As to the question how many assistants an institution should have, depended, of course, upon the capacity of the young physicians. On the whole, he considered that an assistant should be engaged for each 50 patients.

Dr. Pauly recommended the arrangement that young physicians should spend six months of their "practical year" in sanitaria for consumptives.

Dr. Rumpf was of the opinion that the assistants must be bound to remain a certain time in the institution. The new assistants must first get accustomed to the work, for they could not be at once entrusted with the management of a department of the sanitarium. On the occasional absence of the chief physician, there ought to be *at least one* experienced assistant present in the institution.

Dr. Friedeberg emphasized the difficulties of obtaining a trained corps of attendants. In Berlin, where frequent changes occurred in the personnel of the institutions, insufficient wages and overburdening individual attendants, were the causes thereof.

Dr. Jacob also thought that insufficient pay was the main difficulty in obtaining good attendants.

Dr. Wernicke urged the importance of having young physicians spend a part of their "practical year" in the sanitaria.

Dr. Rahm stated that in Ruppertshain the experiment had been made of substituting men servants for females. The result was a very unfavorable one. The men had immediately entered into connections with the female patients and had to be dismissed.

Dr. Krebs reported upon certain experiments made in his institution in upper Bavaria, in which attendants had been selected from among the patients, with good results.

Dr. Liebe did not consider that the difficulty in obtaining good attendants was the low wages. He recommended the establishment of training schools.

Dr. Everken considered it desirable to employ where possible patients as nurses.

After some further remarks by Dr. Kübler and Dr. Moeller, the president closed the discussion upon this subject, expressing his conviction that the exchange of opinions upon the points in question had been of advantage for the furtherance of the object in view.

POINT II.—*Occupation of patients in the sanitaria.*

[Service, facilitation of and preparation for change of vocation.]

Dr. Friedeberg. This subject involves one of the most important points of the treatment of consumptive patients in sanitaria—strictly speaking, the vital point. Inasmuch as the increase in the weight of the patients in the institution is generally very rapidly reduced again on the return of the patient to the former occupation—generally an exhausting one—permanent cures are very rare. It happens only too often that the patients, after the lapse of six months or a whole year, are again incapacitated for work. We must not deceive ourselves regarding the relatively favorable figures of the statistics, for it is a fact that the selection of patients is gradually becoming more careful, with the object of receiving those only in the institution, with whom a successful

result is to a certain extent assured. In many cases, therefore, patients are received in the sanitaria who are, in the precise sense of the words, still capable of working, and with whom it is therefore no wonder that they are, on their discharge from the institution, able to earn a living.

The president called attention to the fact that on the bases of carefully prepared statistics, better results had been attained than would appear from the remarks of the previous speaker. According to the statistical data carefully compiled at the imperial insurance office, it had been demonstrated that even after the lapse of four years from the time of discharge, 26 per cent of the patients out of the sanitaria had remained capable of earning a living, in the sense of the invalidity insurance law.

Dr. Jacob thought it was an easy matter to find occupation for the female patients in the sanitaria. During the last decade, he said, the importance of the diet had been more and more recognized. He supported the proposal of Dr. Friedeberg for the erection of interim institutions and convalescent homes, in order that the patients should not be obliged, on recovery, to return immediately to their old occupations. He suggested that similar arrangements should be made in connection with the children's sanitaria now being erected like those which had existed for a long time in France, so that the children should not be compelled to return immediately after their discharge to the unwholesome atmosphere of the parents' house. After Dr. Weisker, Dr. Schloessing, Dr. Wolff, and others had spoken, the president closed the discussion on this point.

POINT III.—Common treatment of men and women, of tuberculous and nontuberculous patients, of insured and other persons in the same institution.

The president stated that he considered it would be more appropriate to separate the three points of this question, and discuss the same singly.

The members of the conference agreed to this proposition.

POINT IIIa.—Common treatment of men and women.

Dr. Everken recommended that a common treatment should be avoided as far as possible.

Dr. Pickert reported that in his institution (Oberkaufungen) during the past eighteen months a common treatment had been carried out. Although it was not possible to effect a total separation of the two sexes, nothing serious had happened.

Dr. Rahm was of the exactly opposite opinion, and advocated keeping the sexes as far apart as possible.

Dr. Koch reported that at his sanitarium at Schömberg, he had only had bad results from the living together of the two sexes.

Dr. Moeller stated that, on the basis of many years experience in Görbersdorf and in Belzig, he did not consider that the separation of the two sexes in the institutions was necessary.

Dr. Pannwitz remarked that the question was of great importance for the central committee. At present the opinion prevailed that the sexes must be separated.

POINT IIIb.—Common treatment of tuberculous and nontuberculous patients.

Dr. Pauly recommended separation as far as possible.

Dr. Schloessing was of the opinion that such a separation could not always be carried out.

Dr. Jacob recommended separation of the patients.

Dr. Joel: We shall have to keep to the principle that only tuberculous patients shall be received at the sanitaria for consumptives.

POINT III c.—*Common treatment of insured and other persons in the same institution.*

The president called attention to the fact that this question should be discussed from the medical standpoint and not from the economic point of view.

Dr. Friedeberg remarked that poor provision was at present made for the large class of people who are not subject to compulsory insurance (small tradesmen, manufacturers, civil servants, etc.). In case of sickness, they must themselves pay the expenses for their treatment, which was often very difficult for them to do. It was a question well worth consideration, whether it would not be better to erect special sanitaria for this class of people. Perhaps the big life insurance companies could be induced to do something in this direction, so far as a prophylactic treatment was concerned.

Dr. Pannwitz requested that in view of the late hour the speakers would be as brief as possible.

Dr. Koch mentioned that he had never encountered any difficulties in this connection, although he had had at one time patients from 5 different insurance companies under treatment in his sanitarium.

Dr. von Scheibner was of the opinion that all sorts of difficulties would arise if insured persons and uninsured patients were received at the same institution.

Dr. Wolff disagreed with this, and said that at all events there was no objection from a medical standpoint.

POINT IV.—*Other questions of the internal service at the sanitaria raised during the conference.*

Dr. Weisker raised the question as to how the sanitaria should be built. The present arrangements, he said, were often too simple. Weight must be laid upon the most perfect hygienic installations. The number of beds should be limited as much as possible.

The President said he was grateful for the suggestion. The subject seemed to him to be a very appropriate one for discussion at the next information course.

Dr. Pannwitz raised the question of the clothing to be worn in the institutions, and asked those present if they considered it wise to introduce a uniform. From the hygienic standpoint such a course was very desirable.

Dr. Friedeberg was of the opinion that such an arrangement would meet with the opposition of the insured patients. It was often not easy to introduce a general uniform in the hospitals, and in the sanitaria the hindrances would be much greater.

The speaker suggested that assistance given to the patients' families should be extended.

Dr. von Scheibner agreed with Dr. Friedeberg that the assistance given to the families of patients should be increased.

Dr. Rahm opposed the introduction of a uniform to be worn by the patients.

Professor Wernicke having moved a vote of thanks to the president, the conference was closed.

Respectfully,

FRANK H. MASON,
United States Consul-General.

The SURGEON-GENERAL,
U. S. Marine-Hospital Service.